APPLICATION FOR CONTINUOUS TRAVEL HAULING **PERMIT**

(For Qualifying SME as provided for under COMAR 11.04.02.08.)

Applicant Name				Fe	ee	
Address						
Contact Name			Telephone			
1. Type of Equipment:			Serial Number:			
2. Special Mobile Equipment Tag Number:			State of issuance			
3. Weight of axles:	1					
4. Gross Vehicle Weigh						
5. All dimensions must	be within le	egal limits.				
"Continuous travel" means travel attachments, and subject to all reg						nit and any
This is a request for a con	ntinuous tra	vel permit for the	unit of equipm	nent identified a	bove.	
I understand that notwith safety provisions of the Transport compliance with the following re (1) The special mobinary Transportation A vehicles; (2) The special mobination of the respective mobinary authorized	tation Article quirements le equipme rticle and re-	le, Section 25-111 : ent shall be equippegulations promulent is subject to ro	ed with all safe	ode of Marylandety equipment a e Transportation	d, including, but nd devices requir n Article for class	not limited to, red by the s E (truck)
I, the permittee, certify the class E (truck) vehicles.	at the abov	re identified equip	ment meets the	e safety equipmo	ent requirements	applicable to
I futher understand that if safety equipment requirements, the				operating cond	ition or fails to co	omply with
SIGNATURE OF PERMITTEE		TITLE		DATE	<u> </u>	

Maryland Department of Transportation